

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/02/2013
FORM APPROVED
OMB NO. 0938-0391

45-4 6/15/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445214	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/29/2013
NAME OF PROVIDER OR SUPPLIER MOUNTAIN CITY CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 919 MEDICAL PARK DRIVE MOUNTAIN CITY, TN 37683		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined hazardous area 's one (1) hour fire rated construction is maintained. The findings include:</p> <p>1) Observation and interview with the Maintenance Supervisor, on April 29, 2013 between 6:30 pm and 10:30 pm confirmed unsealed penetrations in the following locations:</p> <ol style="list-style-type: none"> 1. Laundry room ceiling 2. Kitchen ceiling above the Ansul system 3. Mechanical/Electrical room ceiling and wall <p>2) Observation and interview with the Maintenance Supervisor, on April 29, 2013 2013 between 6:30 pm and 10:30 pm confirmed the following:</p> <ol style="list-style-type: none"> 1. Medical records room door was not provided with door closers, 2. The kitchen fire door to the dining room failed 	K 029	<p>K 029</p> <p>Unsealed penetrations in laundry room ceiling, kitchen ceiling, mechanical/electrical room ceiling and wall have been sealed with appropriate fire caulk</p> <p>Door closer provided for Medical Records room door.</p> <p>Kitchen fire door to the dining room has been replaced to ensure positive latch.</p> <p>The 100 hall shower room door adjusted and now closes freely.</p>	<p>5/20/13</p> <p>4/30/13</p> <p>6/7/13</p> <p>4/30/13</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Diana Branch

Administrator

5-16-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: UQGO21

Facility ID: TN4601

If continuation sheet Page 2 of 5

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K 052	Continued From page 2 nurses' station was located 1-foot from an air supply. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 29, 2013.	K 052			
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined all areas were properly sprinkled under exterior canopies and sprinklers spaced at least six (6) feet apart The findings include: 1) Observation and interview with the Maintenance Supervisor on April 29, 2013 at 7:30 p.m. confirmed the exit and metal awning outside dietary used to store sixteen (16) combustible plastic milk crates and a wooden picnic table was not provided with sprinkler protection. 2) Observation and interview with the	K 056	K056 All combustible materials have been removed and sprinkler head has been added to exit. One of the sprinkler heads located in the 100 hall break room has been removed.	6/7/13 6/7/13	

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K 056	Continued From page 3 Maintenance Supervisor on April 29, 2013 at 9:10 p.m. confirmed the 100 hall break room had two (2) sprinkler heads located 4-feet apart. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 29, 2013.	K 056			
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based interview and record review, it was determined the facility failed to perform all required sprinkler system maintenance. The findings include: Record review and interview with the Maintenance Supervisor, on April 29, 2013 at 7:30 p.m. revealed the 5-year sprinkler system obstruction investigation was not performed. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 29, 2013.	K 062	K062 Five year sprinkler system obstruction investigation performed and will completed every 5 years.	6/7/13	
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	K067 Four year required maintenance to fire dampers completed and will be scheduled every four years on-going.	6/7/13	

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K 067	Continued From page 4 This STANDARD is not met as evidenced by: Based on interview and record review, it was determined the facility failed to perform fire damper maintenance. The findings include: Record review and interview with the Maintenance Supervisor on April 29, 2013 at 7:30 p.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 29, 2013.			K 067			

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